PHI 51/23 Regrouping of Part A of the Prescribed List

Update on the plan to implement the new Prescribed List grouping structure.

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This circular is to provide an update on the implementation of the regrouping of Part A of the Prescribed List (PL).

Earlier this year, hereco delivered a proposed PL grouping structure which was based on the clinical outcome of the devices and did not consider associated benefits. This resulted in some proposed groups/subgroups having a wide range of benefits. We refer to these as mixed benefit groups.

We have been working on an approach to address these mixed benefit groups, in order to stage the implementation of the proposed PL grouping structure.

Through analysis of hereco's proposed PL structure we identified three main drivers for mixed benefits:

- Size – devices have been grouped together that are similar in nature but vary in size
- System – devices have been grouped together if they are packaged together or interconnect or combine to achieve a specific medical outcome

- Suffixes – devices have been grouped together if they are similar in nature but have distinctive features

We are currently developing options on how the drivers of size and system can be addressed and will draft policy papers, with the aim to release them for consultation in November 2023.

Groups where suffixes are the driver of the mixed benefits may be subject to a post-listing review process to clarify and confirm hereco's proposed PL structure.

Suffix-based post-listing review program of work

The first step, currently being undertaken, is to identify all groups where a suffix(es) is the driver of mixed benefits, and develop clinical questions based on the detail of the suffix(es). These groups will then be prioritised based on several factors, including but not limited to:

- Groups with devices that have not been subject to a health technology assessment process (e.g. MSAC) in the past 5 years
- Groups with devices that have a high number of claims.

Once the list of prioritised groups and initial questions has been compiled it will be reviewed internally for further insight or need for prioritisation. A 12-month post-listing review program of work will then be developed.

The proposed post-listing review program of work will be presented to the Medical Devices and Human Tissue Advisory Committee (MDHTAC) for discussion and endorsement.

The department will then seek to roll out the post-listing review program of work via the post-listing review framework.

We will commence this work with the proposed Specialist Orthopaedic Category and will provide updates on the progress as required.